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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Examiner: LAM, Cathy Fong Fong

Jang Hyun CHOI, et al.

Serial No.: 10/661,222

Art Unit: 1775

Filed: September 12, 2003

Title: HIGHLY WEATHER RESISTANT COLORED STEEL PLATE AND
METHOD FOR MANUFACTURING THE SAME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:


In response to the Restriction Requirement dated June 23, 2004, Applicants elect Group I, consisting of Claims 1 – 5.

The undersigned authorizes any fees which may be required, or credit any overpayment to Deposit Account No. 05-0150. Should the Examiner have any questions regarding this communication, the Examiner is invited to contact the undersigned at the telephone number shown below.

Date: July 21, 2004

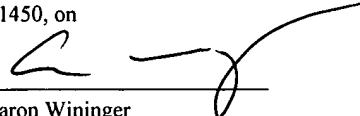
Respectfully submitted,
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		Filing Date	September 12, 2003
		First Named Inventor	Jang Hyun CHOI
		Art Unit	1775
		Examiner Name	LAM, Cathy Fong Fong
Total Number of Pages in This Submission	2	Attorney Docket Number	61282.00008

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Return Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Aaron Winger, Reg. No. 45,229 Squire, Sanders & Dempsey, L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043	
Signature		
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